

<i>SERFF Tracking Number:</i>	<i>GTWY-125300582</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gateway Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026196</i>
<i>Company Tracking Number:</i>	<i>AR WC RULES FILING 2007 - REVISION</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision</i>		

## Filing at a Glance

Company: Gateway Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

Filing Type: Rule

SERFF Tr Num: GTWY-125300582 State: Arkansas

SERFF Status: Closed State Tr Num: AR-PC-07-026196

Co Tr Num: AR WC RULES FILING State Status:  
2007 - REVISION

Co Status:

Reviewer(s): Betty Montesi, Carol  
Stiffler, Brittany Yielding

Author: Lyn Ward

Date Submitted: 09/24/2007

Disposition Date: 09/25/2007

Disposition Status: Approved

Effective Date Requested (New): 10/24/2007

Effective Date (New): 10/24/2007

Effective Date Requested (Renewal): 09/21/2007

Effective Date (Renewal):

## General Information

Project Name: AR WC Rules Filing 2007 - Revision

Project Number: AR WC Rules Filing 2007 - Revision

Reference Organization:

Reference Title:

Filing Status Changed: 09/25/2007

State Status Changed: 09/24/2007

Corresponding Filing Tracking Number: AR WC RATES FILING 2007  
REVISION

Filing Description:

Gateway Insurance Company received Approval/Filed Acknowledgement from the state for our Workers Compensation program ??????.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

This filing is to amend that filing to :

1. include an expense constant of \$160; this was assumed when we developed our loss cost multiplier, we failed to include it on our Exception/Value Page.
2. include a Minimum Premium Multiplier of \$145.
3. include a rule/charge for attaching the Waiver of Our Right to Recover Others Endorsement; support for the charge is

SERFF Tracking Number:	GTWY-125300582	State:	Arkansas
Filing Company:	Gateway Insurance Company	State Tracking Number:	AR-PC-07-026196
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
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included.

4. withdraw the Minimum Premium rule of \$10,000; our intent was to use the Minimum Premium Multiplier all along.

## Company and Contact

### Filing Contact Information

Lyn Ward,	lward@gicauto.com
1401 S. Brentwood Blvd.	(800) 779-3600 [Phone]
St. Louis, MO 63144	(314) 373-4444[FAX]

### Filing Company Information

Gateway Insurance Company	CoCode: 28339	State of Domicile: Missouri
1401 S. Brentwood Blvd	Group Code:	Company Type:
St. Louis, MO 63144	Group Name:	State ID Number:
(800) 779-3600 ext. 262[Phone]	FEIN Number: 43-0762309	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gateway Insurance Company	\$25.00	09/24/2007	15780636

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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	09/25/2007	09/25/2007
Objection Letters and Response Letters			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	09/24/2007	09/24/2007	Lyn Ward	09/25/2007	09/25/2007
Industry Response						

<i>SERFF Tracking Number:</i>	<i>GTWY-125300582</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR WC RULES FILING 2007 - REVISION</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision</i>		

## **Disposition**

Disposition Date: 09/25/2007

Effective Date (New): 10/24/2007

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: GTWY-125300582 State: Arkansas

Filing Company: Gateway Insurance Company State Tracking Number: AR-PC-07-026196

Company Tracking Number: AR WC RULES FILING 2007 - REVISION

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Workers Compensation

Project Name/Number: AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document (revised)	Waiver of Right to Recover	Approved	Yes
Supporting Document	Waiver of Right to Recover	Withdrawn	Yes
Rate (revised)	Exception Page	Approved	Yes
Rate	Exception Page	Withdrawn	Yes

SERFF Tracking Number: GTWY-125300582 State: Arkansas  
Filing Company: Gateway Insurance Company State Tracking Number: AR-PC-07-026196  
Company Tracking Number: AR WC RULES FILING 2007 - REVISION  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 09/24/2007  
Submitted Date 09/24/2007  
Respond By Date  
Dear Lyn Ward,

This will acknowledge receipt of the captioned filing.

This filing was found to include file types that cannot be used in SERFF. The Waiver of Right to Recover From Others Support is done in .xls format. The Exception Page WC Revision 9-2007 is done in .doc format.

Both of these must be submitted in .pdf format. As soon as you attach those 2 documents, the filing can be approved.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 09/25/2007  
Submitted Date 09/25/2007

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Replaced xls version of Waiver of Right to Recover from Others file with PDF format as required. Replaced .doc version of exception page with PDF format as required.

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Waiver of Right to Recover

SERFF Tracking Number: GTWY-125300582 State: Arkansas  
Filing Company: Gateway Insurance Company State Tracking Number: AR-PC-07-026196  
Company Tracking Number: AR WC RULES FILING 2007 - REVISION  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Workers Compensation  
Project Name/Number: AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision  
Comment:

No Form Schedule items changed.

#### Rate/Rule Schedule Item Changes

Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing #
Exception Page	GIC E-1	New	
<b>Previous Version</b>			
Exception Page	GIC E-1	New	

Sincerely,  
Lyn Ward

<i>SERFF Tracking Number:</i>	<i>GTWY-125300582</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gateway Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026196</i>
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<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision</i>		

## **Rate Information**

Rate data does NOT apply to filing.



<i>SERFF Tracking Number:</i>	<i>GTWY-125300582</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Gateway Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026196</i>
<i>Company Tracking Number:</i>	<i>AR WC RULES FILING 2007 - REVISION</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Workers Compensation</i>		
<i>Project Name/Number:</i>	<i>AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision</i>		

## Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Approved	Exception Page	GIC E-1	New	Exception Page WC Revision 9-2007.pdf

**GATEWAY INSURANCE COMPANY  
ARKANSAS WORKERS COMPENSATION  
MANUAL EXCEPTION PAGE**

**EFFECTIVE OCTOBER 24, 2007**

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1. Minimum Premium Multiplier of \$145.00.
2. Expense Constant – An Expense Constant of \$160 is applied to each policy written.
3. Waiver of Our Right to Recover from Others Endorsement - In exchange for our right to recover against others, Gateway Insurance Company will charge an additional 2% in premium for blanket waivers and a \$250 flat charge for specific waivers. The 2% is determined based on the final calculated premium. The Waiver of Our Right to Recover from Others Endorsement (WC 00 03 13) must be attached to the Policy.
4. The Loss Cost Multiplier applies to each new NCCI loss cost filing without delay.  
  
Loss Cost Multiplier .....1.414

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Filing Company:	Gateway Insurance Company	State Tracking Number:	AR-PC-07-026196
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TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	AR WC Rules Filing 2007 - Revision/AR WC Rules Filing 2007 - Revision		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	09/25/2007
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**Comments:**

**Attachment:**

TD-1 Rules Revision 2007.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b>	Approved	09/25/2007
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**Bypass Reason:** No change to loss costs

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b>	Approved	09/25/2007
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**Bypass Reason:** No change to loss costs

**Comments:**

<b>Satisfied -Name:</b>	Waiver of Right to Recover	<b>Review Status:</b>	Approved	09/25/2007
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**Comments:**

**Attachment:**

Waiver of Right to Recover From Others Support.pdf

## Property &amp; Casualty Transmittal Document

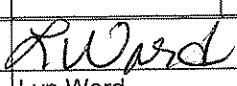
Reset Form

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Group NAIC #			
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Gateway Insurance Company	Missouri	28339	43-0762306	N/A

5. Company Tracking Number	AR WC RULES FILING 2007 - REVISION
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lyn Ward	Compliance Officer	314-373-3333 x241	314-373-5867	lward@gicauto.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Lyn Ward		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0004 Standard WC
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 10/24/2007   Renewal:
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	09/24/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking # AR WC RULES FILING 2007 - REVISION

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

[View Complete Filing Description](#)

22. Filing Fees (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT

Amount: \$25

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**RATE/RULE FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	AR WC RULES FILING 2007 - REVISION
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	Prior Approval
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4a.	Rate Change by Company (As Proposed)						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
Gateway Insurance				None	None		

4b.	Rate Change by Company (As Accepted) For State Use Only						
Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5. Overall Rate Information (Complete for Multiple Company Filings only)			
		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
7.	Effective Date of last rate revision	
8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Exception Page	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	

Gateway Insurance Company

Property / Casualty Industry Wide Salvage and Subrogation Percentages

5 Year Averages

Accident Year	Net Incurred Loss and LAE	Subrogation Received	Subrogation Anticipated	Ultimate Salvage and Subrogation	Salvage and Subrogation Percentage
1996	22443986	374559	22494	397053	1.8%
1997	23788924	403687	30810	434497	1.8%
1998	25500030	391391	34524	425915	1.7%
1999	25455006	403313	51876	455189	1.8%
2000	27355621	402795	69594	472389	1.7%
TOTAL	124543567	1975745	209298	2185043	<b>1.8%</b>
2001	29214058	359116	108838	467954	1.6%
2002	29748834	256324	171714	428038	1.4%
2003	30803357	152192	243645	395837	1.3%
2004	33354802	64523	335249	399772	1.2%
2005	36385293	14993	451121	466114	1.3%
TOTAL	159506344	847148	1310567	2157715	<b>1.4%</b>

Source: Bests 2006 Aggregates and Averages